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APR 02 2004
 PATENT OFFICE

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)	Attorney's Docket No. 48900-22
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As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ABSORBENT NECK SHIELD

the specification of which (check only one item below)

☐ is attached hereto

☒ was filed as United States application

Serial No. 10/716,150

on November 17, 2003

and was amended

on _ (if applicable).

☐ was filed as PCT international application

Number _____

on _____

and was amended under PCT Article 19

on _ (if applicable).

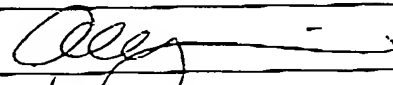
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim priority benefits under 35 U.S.C. 119(e) of the below-identified U.S. Provisional Patent Application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN/PCT APPLICATIONS AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119(e):

Country (if PCT, indicate "PCT")	Application Number	Date of Filing (day, month, year)	Priority Claimed Under 35 U.S.C. 119(e)	
United States	60/426,720	15 November 2002	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to a U.S. Provisional Patent Application)			Attorney's Docket No. 48900-22	
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) at <i>Cohen, Pontani, Lieberman & Pavane</i> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith</p> <p style="text-align: center;">Customer number 27799</p>				
Send correspondence to <i>Cohen, Pontani, Lieberman & Pavane</i> at the address for the following customer Number: 27799			Direct Telephone calls to: (name and telephone number) Teodor J. Holmberg (212) 687-2770	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2 0 1	FULL NAME OF SOLE INVENTOR	FAMILY NAME KURPIS	FIRST GIVEN NAME Albert	SECOND GIVEN NAME J.
	RESIDENCE, CITIZENSHIP	CITY Saddle River	STATE OR FOREIGN COUNTRY NJ	COUNTRY OF CITIZENSHIP United States
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SIGNATURE OF SOLE INVENTOR 201 				
DATE 3/30/04				